

KENTUCKY OFFICE OF WORKERS' CLAIMS
Frankfort, KY 40601

AGREEMENT AS TO COMPENSATION AND ORDER APPROVING SETTLEMENT

Workers' Compensation Claim No. _____

IF THIS FORM IS NOT PROPERLY COMPLETED, IT WILL BE RETURNED.
Every section should be filled in. If a section is not applicable, fill in the blank with N/A.

Decedent _____		Insurer/Self-Insured/Self-Insurance Group _____
Social Security Number _____	Date of Birth _____	Insurer's Address _____
Address _____		City, State Zip Code _____
City, State, Zip Code _____		
Employer _____		Other participating parties _____
Address _____		Address _____
City, State, Zip Code _____		City, State, Zip Code _____

INJURY

Date of Injury: _____ Date of Death: _____
County in which injury occurred: _____
Brief description of occurrence resulting in injury: _____

Nature of injury(ies) including body part(s) affected: _____

MEDICAL INFORMATION

Medical expenses paid: \$ _____ Date of last medical payment: _____
Medical expenses unpaid or contested: \$ _____

WORK INFORMATION

Type of work at time of injury: _____
Average weekly wage at time of injury: _____

BENEFIT AND SETTLEMENT INFORMATION

Amount and duration of temporary total disability paid to date: \$ _____ X _____ = \$ _____
Per week No. of weeks Total

If death occurs within 4 years of the injury, has a lump sum payment been made to decedent's estate per KRS 342.750(6)? _____ Amount \$ _____ Monetary terms of settlement: \$ _____, to be paid as follows: _____ lump sum , _____ weekly for _____ weeks, _____ by annuity, _____ other _____ Total settlement amount: \$ _____
 Settlement computation: _____

Proceeds of the settlement are allocated among qualifying dependents as follows:

Name	Date of Birth	Social Security Number	Relationship to Decedent	Address	Weekly benefit	Duration

Relationship of claimant (party signing settlement agreement) to decedent's minor dependents:

Is decedent survived by any minor dependents other than those listed above? _____ If so, please list below:

Name	Address	Date of Birth	Guardian/Custodial

ATTACHMENTS

Please attach certified copies of the following documents:

1. Death Certificate
2. Marriage License
3. Birth certificates of minor dependents

OTHER INFORMATION

If additional information is pertinent to settlement, explain, (Attach additional pages if necessary):

_____ Other
responsible parties against whom further proceedings are reserved: _____

This the _____ day of _____, 20____.

Attorney or representative for claimant (Signature)

Claimant (Signature)

Attorney or representative for claimant (Name typed)

Attorney or representative for employer

Address

Address

State, Zip

City, State, Zip

City,

ORDER APPROVING SETTLEMENT AGREEMENT

IT IS ORDERED that the above Agreement as to Compensation be and the same in hereby
APPROVED.

This the _____ day of _____, 20____.

Administrative Law Judge